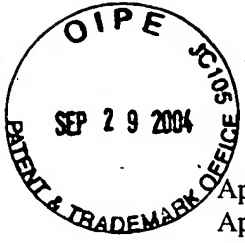


ZFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Dharan, Murali, et al.
Appn. No.: 10/758,548
Filed: January 15, 2004
Title: Vancomycin Haemostatic Paste Composition

Grp Art Unit: 1615

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

This Information Disclosure Statement is submitted:

- ☒ Under 37 CFR 1.97(b)
Within three months of filing national application; or date of entry of international application; or before mailing date of first office action on the merits; whichever occurs last.
- ☐ Under 37 CFR 1.97(c) together with either a:
 - ☐ Certification under 37 CFR 1.97(e), or
 - ☐ A \$180.00 fee under 37 CFR 1.17(p)
After the CFR 1.97(b) time period, but before final action or notice of allowance, whichever occurs first.
- ☐ Under 37 CFR 1.97(d) together with a:
 - ☐ Certification under 37 CFR 1.97(e), and
 - ☐ A Petition under 37 CFR 1.97(d)(2), and
 - ☐ A \$130.00 fee under 37 CFR 1.17(i)
Filed after final action or notice of allowance, whichever occurs first, but on or before payment of issue fee.

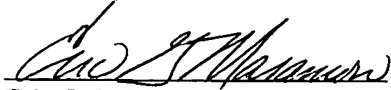
☒ Applicant(s) submits herewith Form PTO/SB/08B titled "Information Disclosure Citation by Applicant" together with copies of patents, publications or other information of which applicant(s) are aware, which applicant(s) believe(s) may be material to the examination of this application and for which there may be a duty to disclose in accordance with 37 CFR 1.56.

The relevance of the attached references is that this is the closest art of which Applicant is aware.

Applicant(s) submits that the above information taken alone or in combination neither anticipates nor renders obvious the present invention. Consideration of the foregoing in relation to this application is respectfully requested.

It is requested that the information disclosed herein be made of record in this application.

Respectfully submitted,



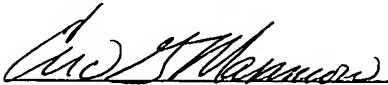
Eric G. Masamori
Attorney for Applicant
Reg. No. 46,360

9-23-2004
Date

Telephone No.: (510) 537-1475
Facsimile No.: (510) 537-1475

CERTIFICATE OF MAILING

I hereby certify that this correspondence and those documents referred to as attached are being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



Eric G. Masamori

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Date



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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

11

Application Number

10/758,548

Filing Date

01-15-2004

First Named Inventor

DHARAN, Murali

Art Unit

1615

Examiner Name

Attorney Docket Number

114-001

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Office of Eric G. Masamori		
Signature			
Printed name	Eric G. Masamori		
Date	9-23-2004	Reg. No.	46,360

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Eric G. Masamori	Date	9-23-2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(Use as many sheets as necessary)

Complete if Known

Sheet	1	of	1	Application Number	10/758,548
				Filing Date	01-15-2004
				First Named Inventor	DHARAN, Murali
				Art Unit	1615
				Examiner Name	
				Attorney Docket Number	114-001

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
		HALASZ, NICHOLAS A., Wound Infection and topical Antibiotics, The Surgeon's Dilemma, Arch Surg, Vol 112, Oct 1977 pp. 1240-1244	
		VANDER SALM, THOMAS J., et al., Reduction of sternal infection by application of topical vancomycin, J Thorac Cardiovasc Surg 1989; 98: 618-22	

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

1 Applicant's unique citation designation number (optional). 2 Applicant is to place a check mark here if English language Translation is attached.

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